SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN [D] [E] [W] [E] [M] [E] [M] [MAR 0 1 2011

PARTER S

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

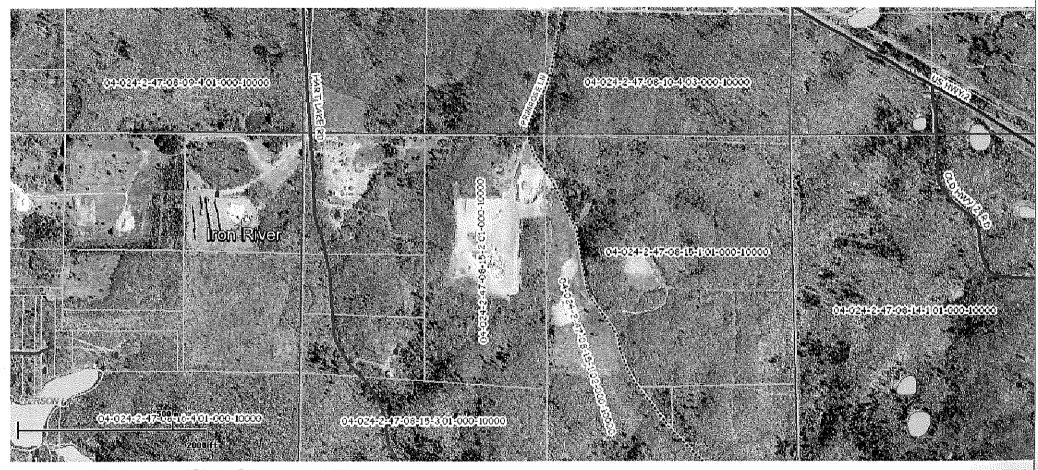
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Signed R. M. 28-41 Date of Approval	Rec'd for Issuance
Variance (B.O.A.) #	Mitigation Plan Required: Yes □ No 💆
APPROVED METIODSLY & BUT FILE SHE THE DIAFIES OF A 2007 DDC Date of Inspection & Zou	Reason for Denial: Inspection Record: REJAM KADAS RAM MANAGED IN 2007 DENOUTION INDESCRIPTION BY
State Sanitary Number	Permit Issued: State Sar
ATTACH Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)	* See Notice on Back APPLICANT -
FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county offinances to have access to the above described property at any reasonable time for the purpose of inspection. Date Date	FAILURE TO OBTAIN A PERMIT of STARTING I (we) declare that this application (including any accompanying information) (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of to issue a permit. I (we) further accept liability which may be a result of consent to county officials charged with administering county of the
☐ External Improvements to Principal Building (explain)	☐ Residential Accessory Building Addition (explain)
Commercial Other (explain)	Residence sq. ft Garage sq. ft Carage sq. ft Residential Addition / Alteration (explain)
☐ Commercial Accessory Building Addition (explain)	Deck sq. ft Deck(2) sq. ft # Residence w/attached garage (# of bedrooms)
☐ Commercial Principal Building Addition (explain)	** Residence w/deck-porch (# of bedrooms) Residence sq. ft. Porch sq. ft
☐ Mobile Home (manufactured date)	** Residence or Principal Structure (# of bedrooms)
Type of Septic/Sanitary System	Square Footag
to 1X If yes. Distance from Shoreline: greater than 75' \(\) 75' to 40' \(\) less than 40 \(\) Existing Raisement: Yes No Number of Stories	ucture in a Shoreland Zone? Yes \(\) N
(Work) Written Authorization Attached: Yes \(\) No \(\)	(Home
Plumber Authorized Apent (Phone)	Address of Property Ca280 Products W
Contractor (Phone)	
Parcel I.D. 64-024-2-47-66-15-2 11-000-10000	Pageof Deeds
ubdivisionCSM #Acrea	Lot Block
Township () North, Range & West. Town of Just Live	ent for Legal Description 1/4 of No. 1/4 of Sec
CONDITIONAL USE SPECIAL USE B.O.A. OTHER	
	Changes in plans must be approved by the Zoning Department.

South Shore Sand and Gravel

Estimated Extent of Mining



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